			PTO/SB/21 (09-04)	
SIPE	Application Number	10/655,151		
/ * *** TRANSMITTAL	Filing Date	September 3, 2003		
JUN 1 3 2006 (2) FORM	First Named Inventor	Yee, Kingman		
	Art Unit	3739		
A TRANSPORT DE USED FOR All correspondence after initial filing)	Examiner Name .	Ahmed M. Farah		
Total Number of Pages in This Submission 19	Attorney Docket Number	018158-013211US		

Total Number of F	Number of Pages in This Submission 19 Additional 018158-013211US									
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	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
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Signature	FICI	//	by							
Printed name	Chun-Pok Leung									
Date	June 10, 2005			Reg. No.	41,405					
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature										
Typed or printed name Joy Salvador Date June 10, 2005										

Date June 10, 2005

Effective on 12/08/2004. Complete if Known nt to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/655,151 Application Number TRANSMITTAL September 3, 2003 Filing Date For FY 2005 Yee, Kingman First Named Inventor Ahmed M. Farah **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3739 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 2400.00Attorney Docket No. 018158-013211US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 200 Design 100 100 50 130 65 Plant 200 100 300 . 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Extra Claims **Total Claims** Fee Paid (\$) Fee (\$) **Multiple Dependent Claims** 26 -20 or HP = 0 \$50 \$0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Pald (\$) -3 or HP =_ 12 \$200 \$2,400 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = _____ / 50 = _____ (round **up** to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. Signature 41,405 Telephone 650-326-2400 (Attorney/Agent)

Name (Print/Type) | Chun-Pok Leung



PATENT

Attorney Docket No.: 018158-013211US

Client Ref. No.: VX-1082

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.: 6519

AMENDMENT

Examiner: Ahmed M. Farah

Technology Center/Art Unit: 3739

In re application of:

KINGMAN YEE et al.

Application No.: 10/655,151

Filed: September 3, 2003

For:

GENERATING SCANNING

SPOT LOCATIONS FOR LASER

EYE SURGERY

Customer No.: 20350

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 11, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

06/14/2005 HVUONG1 00000003 201430 10655151

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